| plication or Docket Number  |  |   |               |              |                                 |                  |    |                     |                        |    | per                 |                        |
|---|--|---|---------------|--------------|---------------------------------|------------------|----|---------------------|------------------------|----|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000 つりょうちゅうち   |  |   |               |              |                                 |                  |    |                     |                        |    |                     |                        |
|   |  |   |               |              |                                 |                  |    | SMALL EN            | <b>ππγ</b>             | OR | OTHER<br>SMALL      |                        |
| TOTAL CLAIMS  |  |   | 38            |              |                                 | :<br><u></u>     |    | RATE                | FEE                    |    | RATE                | FEE                    |
| FOR   |  |   | NUMBER FILED  |              | NUMBER EXTRA                    |                  |    | BASIC FEE           | 355.00                 | OR | BASIC FEE           | 710.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | ₹ ¶ minus 20= |              | . 18                            |                  |    | X\$ 9=              |                        | OR | X\$18=              | 324                    |
| INDEPENDENT CLAIMS  |  |   | minus 3 =     |              |                                 | 1                |    | X40=                |                        | OR | X80=                | 80                     |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM P                              | RESENT        |              |                                 |                  |    | +135=               |                        | OR | +270≃               |                        |
| * If the difference in column 1 is less than zero, er   |  |   |               |              | r *0" in c                      | olumn 2          |    | TOTAL               |                        | OR | TOTAL               | 1114                   |
| CLAIMS AS AMENDED - PART II   |  |   |               |              |                                 |                  |    |                     |                        |    | OTHER               | THAN                   |
|   | (Column 1) (Column 2) (Column 3)               |   |               |              |                                 |                  |    | SMALL               | NTITY                  | OR | SMALL               |                        |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT          |               | NUM<br>PREVI | HEST<br>HBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | .25                                       | Minus         | 3            | 38                              | =                |    | X\$ 9≠              |                        | OR | X\$18=              |                        |
|   | Independent                                    | • 4                                       | Minus         | ***          | 4                               | =                |    | X40=                |                        | OR | X80=                |                        |
|   | FIRST PRESE                                    | NTATION OF M                              | ULTIPLE DEP   | ENDEN        | 7 CLAIM                         |                  | )  | +135=               |                        | OR | +270=               |                        |
| Clavius 13-32-caral   |  |   |               |              |                                 |                  |    | TOTAL               |                        |    | TOTAL               |                        |
| /   | Claims<br>4-04                                 | a 16                                      | (Column 3)    |              | ADDIT. FEE                      |                  | 10 | ADDIT, FEE          |                        |    |                     |                        |
|   | 7-0-1  | (Column 1)<br>CLAIMS                      |               | HIG          | mn 2)<br>HEST                   | Column           | 1  |                     | ADDI-                  | 1  |                     | ADDI-                  |
| IDMENT B  |  | REMAINING<br>AFTER<br>AMENDMENT           |               | PREV         | MBER<br>IOUSLY<br>FOR           | PRESENT<br>EXTRA |    | RATE                | TIONAL<br>FEE          |    | RATE                | TIONAL<br>FEE'         |
|   | Total  | 24  | Minus         | · 3          | 8                               | -                |    | X\$ 9=              |                        | OR | X\$18≃              |                        |
| AMEN  | Independent                                    | .2  | Minus         |              | 7                               | 1=               | 1  | X40=                |                        | OR | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |              |                                 |                  |    | +135=               |                        | OR | +270=               |                        |
|   |  |   |               |              |                                 |                  |    | TOTAL<br>ADDIT. FEE |                        | OR | TOTAL<br>ADDIT. FEE |                        |
|   |  | (Column 1)                                |               |              | ımn 2)                          | (Column 3        | )  |                     |                        |    |                     |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |               | NU!<br>PREV  | HEST<br>MBER<br>HOUSLY<br>D FOR | PRESENT<br>EXTRA |    | RATE                | ADDI-<br>TIONAL<br>FEE |    | RATE                | ADDI-<br>TIONAL<br>FEE |
|   | Total  | •   | Minus         | **           |                                 | =                |    | X\$ 9=              |                        | OR | X\$18=              |                        |
|   | Independent                                    | •   | Minus         | ***          |                                 | =                | 1  | X40=                |                        | OR | X80=                |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |               |              |                                 |                  |    | +135=               | <b> </b>               | OR | +270=               |                        |
| to the certain column 1 is less than the entry in column 2, write "0" in column 3.  |  |   |               |              |                                 |                  |    |                     |                        | OR | TOTAL               |                        |
| " If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT, FEE All the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |               |              |                                 |                  |    |                     |                        |    | ADDIT. FEE          |                        |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.   |  |   |               |              |                                 |                  |    |                     |                        |    |                     |                        |

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